


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90220 015 ****61.25

DOCUMENT # 769921 1. Entity Name CARRIAGE HOUSE LANE OWNER'S ASSOCIATION, INC.					
Principal Place of Business 2350 S.W 73RD TERR. GAINESVILLE, FL 32607			Mailing Address C/O NAUTILUS ASSOCIATION MGT., LLC 4623 NW 53 AVE GAINESVILLE, FL 32606 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2333129				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6.- Name and Address of Current Registered Agent NAUTILUS ASSOCIATION MGT., LLC 4623 NW 53 AVE GAINESVILLE, FL 32606			7.- Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAGNER, SUSAN		NAME		
STREET ADDRESS	2349 SW 73RD TERR		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE, FL 32607		CITY- ST- ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPP, RICHARD		NAME		
STREET ADDRESS	2225 SW 73RD TERR		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE, FL 32607		CITY- ST- ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARROSO, CESAR		NAME		
STREET ADDRESS	2304 SW 73 TERRACE		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE, FL 32607		CITY- ST- ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, JUDITH		NAME		
STREET ADDRESS	2307 SW 73 TERRACE		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE, FL 32607		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date April 20, 2006 Daytime Phone # _____		